



Atty. Dkt. No. 053466-0325

1647

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hiroyuki SAITO et al.
Title: PREVENTION AND TREATMENT OF
BLOOD COAGULATION-RELATED
DISEASES
Appl. No.: 10/089,501
International Filing Date: 9/29/2000
371(c) Date: 4/22/2002
Examiner: Fozia M. HAMUD
Art Unit: 1647
Confirmation Number: 9449

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	3	- 56	= 0	x \$52.00	= \$0.00
Independent Claims:	3	- 6	= 0	x \$220.00	= \$0.00
First presentation of any Multiple Dependent Claims:			+	\$390.00	= \$0.00
CLAIMS FEE TOTAL					= \$0.00

[X] Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$130.00	\$0.00
[X] Extension for response filed within the second month:	\$490.00	\$490.00
[] Extension for response filed within the third month:	\$1,110.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:		\$490.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$490.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$490.00

A credit card payment form in the amount of \$490.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, Applicants hereby petition for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

April 11, 2011

By

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